

POSITION	ID NO.	DATE
CLASSIFIER	10	7-18-95
EXAMINER	230	7-18-95
TYPIST	3219	7-19-95
VERIFIER	372	7/19
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# Best Available Copy INDEX OF CLAIMS

Claim	Date
Final Original	7/16 7/19 7/19
1	
2	
3	
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42	
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47	
48	
49	
50	

SYMBOLS

..... Allowed

..... (Through numeral) Canceled

..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
Final Original	7/16 7/19 7/19
17	51
18	52
19	53
20	54
21	55
22	56
23	57
24	58
25	59
26	60
27	61
28	62
29	63
30	64
31	65
32	66
33	67
34	68
35	69
36	70
37	71
38	72
39	73
40	74
41	75
42	76
43	77
44	78
45	79
46	80
47	81
48	82
49	83
50	84
51	85
52	86
53	87
54	88
55	89
56	90
57	91
58	92
59	93
60	94
61	95
62	96
63	97
64	98
65	99
66	100